

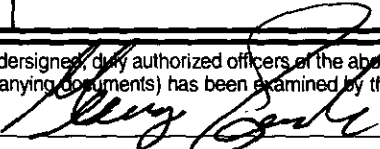
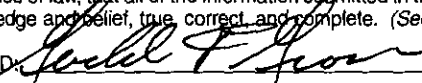


# FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN  
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

|   |  |   |   |  |
|---|--|---|---|--|
| For Official Use Only<br>  |  | 1. FILE NUMBER<br><b>037-664</b>  | 2. PERIOD COVERED<br>MO DAY YEAR<br>From <b>01 01 2002</b><br>Through <b>12 31 2002</b> | 3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here:<br>(b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here:<br>(c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here: |
| <b>GERALD GROSS</b><br><b>TEAMSTERS AFL-CIO</b><br><b>LU 653</b><br><b>4A HAMPDEN DRIVE</b><br><b>SOUTH EASTON, MA 02375</b><br><br><br><br><b>(2) 037-664</b><br><b>110</b><br><br><b>12/2002</b>   |  |   |   | 8. MAILING ADDRESS (Type or print in capital letters.)<br>First Name<br><br>Last Name<br><br>P.O. Box • Building and Room Number (if any)<br><br>Number and Street<br><br>City<br><br>State ZIP Code + 4   |
| 4. AFFILIATION OR ORGANIZATION NAME<br><b>INT'L BRO OF TEAMSTERS AFL CIO</b>  |  |   |   |  |
| 5. DESIGNATION (Local, Lodge, etc.)<br><b>LOCAL</b>   |  | 6. DESIGNATION NUMBER<br><b>653</b>   |   |  |
| 7. UNIT NAME (if any)   |  |   |   |  |
| 9. Are your organization's records kept at its mailing address?<br>(If "No," provide address in Item 75.) Yes <input checked="" type="checkbox"/> No  |  |   |   |  |
| 75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)  |  |   |   |  |
| Item Number   | THE UNION ALONG WITH HEALTH, WELFARE + INSURANCE FUND LOCAL UNION NO 653 CREATED A DECLARATION OF TRUST TO HOLD THE BUILDING THEY BUILT AND OCCUPY.<br>HEALTH, WELFARE + INSURANCE FUND LOCAL UNION NO. 653<br>ANNUAL AUDIT OF UNION BY CERTIFIED PUBLIC ACCOUNTANTS |   |   |  |
| Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct and complete. (See Section VI on penalties in the instructions.) |  |   |   |  |
| 76. SIGNED: <br><b>3 1 26 12003</b><br>Date  |  | PRESIDENT<br>(If other title, see instructions.)<br><b>(508) 230-7140</b><br>Telephone Number |   | 77. SIGNED: <br><b>3 1 26 12003</b><br>Date   |
|   |  |   |   | TREASURER<br>(If other title, see instructions.)<br><b>(508) 230-7140</b><br>Telephone Number  |

## During the Reporting Period Did Your Organization:

- |  | Yes | No |
|--|-----|----|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? .....  | X   |    |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? .....              | X   |    |
| 12. Have a political action committee (PAC) fund? .....  |     | X  |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? .....  |     | X  |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? .....  |     | X  |
| 15. Discover any loss or shortage of funds or other property? .....<br>(Answer "Yes" even if there has been repayment or recovery.)  |     | X  |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ..... |     | X  |
| 17. Liquidate or reduce any liabilities without disbursement of cash? .....  |     | X  |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 2007
19. What is the date of your organization's next regular election of officers? MO 11 YEAR 2003
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 1078000
21. What are your organization's rates of dues and fees?  
(Enter a minimum and maximum if more than one rate applies for any line.)

| Rates of Dues and Fees |  |
|------------------------|--|
| (a) Regular Dues/Fees  | <u>EXACTLY</u><br>\$ <u>ROUNDED RATE</u> per <u>MONTHLY</u><br>(Month, Year, etc.) |
| (b) Initiation Fees    | \$ <u>2500</u>   |
| (c) Transfer Fees      | \$ _____   |
| (d) Work Permits       | \$ _____ per _____<br>(Month, Year, etc.)  |

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? ..... Yes No  
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.) X
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? ..... X
24. Did your organization have any contingent liabilities at the end of the reporting period? ..... X

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

# STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 037 - 664

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

| ASSETS   | ASSETS                             | From    | Start of Reporting | End of Reporting |
|--|------------------------------------|---------|--------------------|------------------|
|  | Item                               | SCH #   | Period (A)         | Period (B)       |
|  | 25. Cash.....                      |         | 602258             | 565326           |
|  | 26. Accounts Receivable.....       |         | 220                |                  |
|  | 27. Loans Receivable.....          | 1       |                    |                  |
|  | 28. U.S. Treasury Securities ..... |         |                    |                  |
|  | 29. Investments .....              | 2       |                    |                  |
|  | 30. Fixed Assets .....             | 5       | 734025             | 697272           |
|  | 31. Other Assets .....             | 3       |                    |                  |
|  | 32. TOTAL ASSETS .....             |         | 1336503            | 1262598          |
| LIABILITIES                                    | LIABILITIES                        | From    | Start of Reporting | End of Reporting |
|  | Item                               | SCH #   | Period (C)         | Period (D)       |
|  | 33. Accounts Payable.....          |         | 23284              | 45229            |
|  | 34. Loans Payable.....             | 8       |                    |                  |
|  | 35. Mortgages Payable .....        |         | 288043             |                  |
|  | 36. Other Liabilities .....        | 4       |                    |                  |
|  | 37. TOTAL LIABILITIES .....        |         | 311327             | 45229            |
| 38. NET ASSETS<br>(Item 32 less Item 37) ..... |                                    | 1025176 | 1217369            |                  |

# STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 037-664

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

| CASH RECEIPTS  | From<br>SCH<br># | AMOUNT  | CASH DISBURSEMENTS  | From<br>SCH<br># | AMOUNT  |
|--|------------------|---------|---|------------------|---------|
| Item   |                  |         | Item  |                  |         |
| 39. Dues .....   |                  | 1040337 | 56. To Officers .....   | 9                | 247074  |
| 40. Per Capita Tax .....                                     |                  | 129253  | 57. To Employees .....  | 10               | 67638   |
| 41. Fees .....   |                  |         | 58. Per Capita Tax .....                                      |                  | 199025  |
| 42. Fines .....  |                  |         | 59. Fees, Fines, Assessments, etc. ....                       |                  |         |
| 43. Assessments .....  |                  |         | 60. Office & Administrative Expense ....                      | 13               | 75457   |
| 44. Work Permits .....                                       |                  |         | 61. Educational & Publicity Expense ...                       |                  |         |
| 45. Sale of Supplies .....                                   |                  | 1643    | 62. Professional Fees .....                                   |                  | 11350   |
| 46. Interest .....   |                  | 10994   | 63. Benefits .....  | 11               | 136924  |
| 47. Dividends .....  |                  |         | 64. Contributions, Gifts & Grants .....                       | 12               | 2824    |
| 48. Rents .....  |                  |         | 65. Supplies for Resale .....                                 |                  | 4120    |
| 49. Sale of Investments &<br>Fixed Assets .....              | 6                |         | 66. Direct Taxes .....  |                  | 33256   |
| 50. Loans Obtained .....                                     | 8                |         | 67. Withholding Taxes .....                                   |                  | 99100   |
| 51. Repayments of Loans Made .....                           | 1                |         | 68. Purchase of Investments &<br>Fixed Assets .....           | 7                | 4541    |
| 52. On Behalf of Affiliates for<br>Transmittal to Them ..... |                  |         | 69. Loans Made .....  | 1                |         |
| 53. From Members for<br>Disbursement on Their Behalf .....   |                  | 1296    | 70. Repayment of Loans Obtained .....                         | 8                | 288043  |
| 54. Other Receipts .....                                     | 14               | 80413   | 71. To Affiliates of Funds<br>Collected on Their Behalf ..... |                  |         |
|  |                  |         | 72. On Behalf of Individual Members ...                       |                  | 1259    |
|  |                  |         | 73. Other Disbursements .....                                 | 15               | 130257  |
| 55. TOTAL RECEIPTS .....                                     |                  | 1263936 | 74. TOTAL DISBURSEMENTS .....                                 |                  | 1300868 |

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 037 - 664

Enter Amounts in Dollars Only — Do Not Enter Cents

## SCHEDULE 1 — LOANS RECEIVABLE

| List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount.<br>(A)   | Loans Outstanding at Start of Period<br>(B) | Loans Made During Period<br>(C) | Repayments Received During Period |                           | Loans Outstanding at End of Period<br>(E) |
|--|---|---------------------------------|-----------------------------------|---------------------------|---|
|  |   |                                 | Cash<br>(D)(1)                    | Other Than Cash<br>(D)(2) |   |
| 1. Name: _____<br>Purpose: _____<br>Security: _____<br>Terms of Repayment: _____   |   |                                 | NONE                              |                           |   |
| 2. Name: _____<br>Purpose: _____<br>Security: _____<br>Terms of Repayment: _____   |   |                                 |                                   |                           |   |
| 3. Name: _____<br>Purpose: _____<br>Security: _____<br>Terms of Repayment: _____   |   |                                 |                                   |                           |   |
| 4. Totals from additional pages (if any)   |   |                                 |                                   |                           |   |
| 5. Totals of loans not listed above  |   |                                 |                                   |                           |   |
| 6. Totals of Lines 1 through 5   |   |                                 |                                   |                           |   |
| Enter the Totals from Line 6 in ..... <div style="display: flex; justify-content: space-between; width: 100%;"> <span>↑<br/>Item 27<br/>Column (A)</span> <span>↑<br/>Item 69</span> <span>↑<br/>Item 51</span> <span>↑<br/>Item 75<br/>with Explanation</span> <span>↑<br/>Item 27<br/>Column (B)</span> </div> |   |                                 |                                   |                           |   |

**SCHEDULE 2 — INVESTMENTS**  
**(OTHER THAN U.S. TREASURY SECURITIES)**

FILE NUMBER: 037 - 664

**SCHEDULE 3 — OTHER ASSETS**

| Description<br>(A)  | Amount<br>(B) |
|---|---------------|
| <b>Marketable Securities</b>  |               |
| 1. Total Cost   |               |
| 2. Total Book Value   |               |
| 3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.   |               |
| (a) _____   | NONE          |
| (b) _____   |               |
| (c) _____   |               |
| (d) _____   |               |
| <b>Other Investments</b>  |               |
| 4. Total Cost   |               |
| 5. Total Book Value   |               |
| 6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached. |               |
| (a) _____   |               |
| (b) _____   |               |
| (c) _____   |               |
| (d) _____   |               |
| (e) Total from additional pages (if any)  |               |
| 7. Total of Lines 2 and 5   |               |
| Enter the Total from Line 7 in _____ Item 29, Column (B)  |               |

| Description<br>(A)                                       | Book Value<br>(B) |
|--|-------------------|
| 1.   |                   |
| 2.   |                   |
| 3.   | NONE              |
| 4.   |                   |
| 5.   |                   |
| 6. Total from additional pages (if any)                  |                   |
| 7. Total of Lines 1 through 6                            |                   |
| Enter the Total from Line 7 in _____ Item 31, Column (B) |                   |

**SCHEDULE 4 — OTHER LIABILITIES**

| Description<br>(A)                                       | Amount at<br>End of Period<br>(B) |
|--|-----------------------------------|
| 1.   |                                   |
| 2.   | NONE                              |
| 3.   |                                   |
| 4.   |                                   |
| 5.   |                                   |
| 6. Total from additional pages (if any)                  |                                   |
| 7. Total of Lines 1 through 6                            |                                   |
| Enter the Total from Line 7 in _____ Item 36, Column (D) |                                   |

# **SCHEDULE 5 — FIXED ASSETS**

FILE NUMBER: 037-664

| Description<br>(A)   | Cost or<br>Other Basis<br>(B) | Total Depreciation or<br>Amount Expensed<br>(C) | Book<br>Value<br>(D) | Fair Market<br>Value<br>(E) |
|--|-------------------------------|---|----------------------|-----------------------------|
| 1. Land (give location):   | 64800                         |   | 64800                |                             |
| 2. Totals from additional pages (if any)                             |                               |   |                      |                             |
| 3. Buildings (give location):  | 609790                        | 44096   | 565694               |                             |
| 4. Totals from additional pages (if any)                             |                               |   |                      |                             |
| 5. Automobiles and Other Vehicles                                    | 119892                        | 63355   | 56537                |                             |
| 6. Office Furniture and Equipment                                    | 171893                        | 161652  | 10241                |                             |
| 7. Other Fixed Assets  |                               |   |                      |                             |
| 8. Totals of Lines 1 through 7                                       | 966375                        | 269103  | 697272               |                             |
| Enter the Total from Line 8, Column (D) in ..... Item 30, Column (B) |                               |   |                      |                             |

# **SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS**

| Description (if land or buildings, give location)<br>(A) | Cost<br>(B) | Book Value<br>(C)     | Gross Sales Price<br>(D) | Amount Received<br>(E) |
|--|-------------|-----------------------|--------------------------|------------------------|
| 1.   |             |                       |                          |                        |
| 2.   | NONE        |                       |                          |                        |
| 3.   |             |                       |                          |                        |
| 4.   |             |                       |                          |                        |
| 5. Totals from additional pages (if any)                 |             |                       |                          |                        |
| 6. Totals of Lines 1 through 5                           |             |                       |                          |                        |
|  |             | 7. Less Reinvestments |                          |                        |
|  |             | 8. Net Sales          |                          |                        |
| Enter the Total from Line 8 in ..... Item 49             |             |                       |                          |                        |

# SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 037 - 664

| Description (if land or buildings, give location)<br>(A) | Cost<br>(B)           | Book Value<br>(C) | Cash Paid<br>(D) |
|--|-----------------------|-------------------|------------------|
| 1. OFFICE EQUIPMENT                                      | 4541                  | 4541              | 4541             |
| 2.   |                       |                   |                  |
| 3.   |                       |                   |                  |
| 4.   |                       |                   |                  |
| 5. Totals from additional pages (if any)                 |                       |                   |                  |
| 6. Totals of Lines 1 through 5                           | 4541                  | 4541              | 4541             |
|  | 7. Less Reinvestments |                   |                  |
|  | 8. Net Purchases      |                   | 4541             |

Enter the Total from Line 8 in ..... ↑  
Item 68

# SCHEDULE 8 — LOANS PAYABLE

| Source of Loans Payable at Any Time During the Reporting Period<br>(A) | Loans Owed at Start of Period<br>(B) | Loans Obtained During Period<br>(C) | Repayment Made During Period |                           | Loans Owed at End of Period<br>(E) |
|--|--------------------------------------|-------------------------------------|------------------------------|---------------------------|------------------------------------|
|  |                                      |                                     | Cash<br>(D)(1)               | Other Than Cash<br>(D)(2) |                                    |
| 1. CENTURY BANK  | 214739                               |                                     | 214739                       |                           | -0-                                |
| 2. BROCKTON CREDIT UNION   | 21813                                |                                     | 21813                        |                           | -0-                                |
| 3. BROCKTON CREDIT UNION   | 25066                                |                                     | 25066                        |                           | -0-                                |
| 4. BROCKTON CREDIT UNION   | 26425                                |                                     | 26425                        |                           | -0-                                |
| 5. Totals from additional pages (if any)                               |                                      |                                     |                              |                           |                                    |
| 6. Totals of Lines 1 through 5   | 288043                               |                                     | 288043                       |                           | -0-                                |

Enter the Totals from Line 6 in ..... ↑  
Item 34  
↑  
Item 50 ..... ↑  
Item 70 ..... ↑  
Item 75 ..... ↑  
Item 34  
Column (C) ..... with Explanation ..... Column (D)



# SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 0 3 7 - 6 6 4

| (A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small> |                | Gross Salary<br>(before taxes and<br>other deductions)<br>(D) | Allowances<br>(E) | Disbursements<br>for Official<br>Business<br>(F) | Other<br>Disbursements<br>(G) | Total<br>(H) |
|---|----------------|---|-------------------|--|-------------------------------|--------------|
| (B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>  | Status<br>(C)* |   |                   |  |                               |              |
| 1. Last Name: GROSS<br>First Name: GERALD<br>Title: SECRETARY TREAS<br>Status: C  |                | 95276   |                   | 20362  |                               | 115638       |
| 2. Last Name: JOSEPH<br>First Name: GEORGE<br>Title: PRESIDENT<br>Status: C   |                | 90077   |                   | 10734  |                               | 100811       |
| 3. Last Name: FAWCETT<br>First Name: PAUL<br>Title: VICE PRESIDENT<br>Status: C   |                | 79677   |                   | 10556  |                               | 90233        |
| 4. Last Name: KUREY<br>First Name: MICHAEL<br>Title: RECORDING SECTY<br>Status: C   |                | 3122  |                   | 1637   |                               | 4759         |
| 5. Last Name: CASEY<br>First Name: KENNETH<br>Title: TRUSTEE<br>Status: C   |                | 1800  |                   |  |                               | 1800         |
| 6. Last Name: JOSEPH GEORGE III<br>First Name:<br>Title: TRUSTEE<br>Status: C   |                | 1800  |                   |  |                               | 1800         |
| 7. Last Name: SWEENEY<br>First Name: FRED<br>Title: TRUSTEE<br>Status: C  |                | 1800  |                   |  |                               | 1800         |
| 8. Totals from additional pages (if any)  |                |   |                   |  |                               |              |
| 9. Totals of Lines 1 through 8  |                | 273552  |                   | 43289  |                               | 316841       |
|   |                |   |                   | 10. Less Deductions 69767                        |                               |              |
| Enter the Total from Line 11 in ..... Item 56 ➡   |                |   |                   | 11. Net Disbursements 247074                     |                               |              |

\*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

# SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 037 - 664

| (A) Name<br><small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>           | Gross Salary<br>(before taxes and other deductions)<br>(D) | Allowances<br>(E) | Disbursements<br>for Official<br>Business<br>(F) | Other<br>Disbursements<br>(G) | Total<br>(H) |
|--|--|-------------------|--|-------------------------------|--------------|
| (B) Position<br><small>(Enter employee's job title.)</small>   |  |                   |  |                               |              |
| (C) Name of Affiliated Organization<br><small>(if applicable)</small>  |  |                   |  |                               |              |
| <div> <div>Last Name</div> <div>First Name</div> <div>1. MACLEAN ANNE LOUISE</div> <div>Position</div> <div>BOOKKEEPER SECTY</div> <div>Name of Affiliated Organization</div> </div> | 51453  |                   | 3786   |                               | 55239        |
| <div> <div>Last Name</div> <div>First Name</div> <div>2. VINER SUSAN</div> <div>Position</div> <div>CASHIER SECTY</div> <div>Name of Affiliated Organization</div> </div>            | 31082  |                   | 113  |                               | 31195        |
| <div> <div>Last Name</div> <div>First Name</div> <div>3. LAWRENCE DOUGLAS</div> <div>Position</div> <div>JANITOR BLDG</div> <div>Name of Affiliated Organization</div> </div>        | 10355  |                   | 182  |                               | 10537        |
| <div> <div>Last Name</div> <div>First Name</div> <div>4.</div> <div>Position</div> <div></div> <div>Name of Affiliated Organization</div> </div>                                     |  |                   |  |                               |              |
| <div> <div>Last Name</div> <div>First Name</div> <div>5.</div> <div>Position</div> <div></div> <div>Name of Affiliated Organization</div> </div>                                     |  |                   |  |                               |              |
| 6. Totals from additional pages (if any)   |  |                   |  |                               |              |
| 7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates                             |  |                   |  |                               |              |
| 8. Totals of Lines 1 through 7   | 92890  |                   | 4081   |                               | 96971        |
|  |  |                   | 9. Less Deductions 29333                         |                               |              |
| Enter the Total from Line 10 in ..... Item 57 →  |  |                   | 10. Net Disbursements 67638                      |                               |              |

# SCHEDULE 11 — BENEFITS

FILE NUMBER: 037 - 664

| Description<br>(A)   | To Whom Paid<br>(B) | Amount<br>(C) |
|--|---------------------|---------------|
| 1. PENSION   | FUND                | 55546         |
| 2. HEALTH + WELFARE  | FUND                | 8657          |
| 3. INSURANCE   | COMPANY             | 47069         |
| 4. 401K  | ADMINISTRATOR       | 22589         |
| 5. Total from additional pages (if any) OTHER HEALTH BENEFIT |                     | 3063          |
| 6. Total of Lines 1 through 5                                |                     | 136924        |
| Enter the Total from Line 6                                  |                     | ↑<br>Item 63  |


# SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

| Description<br>(A)                          | Amount<br>(B) |
|---|---------------|
| 1. MISC. ORG. CHARITIES                     | 2824          |
| 2.  |               |
| 3.  |               |
| 4.  |               |
| 5.  |               |
| 6.  |               |
| 7. Total from additional pages (if any)     |               |
| 8. Total of Lines 1 through 7               | 2824          |
| Enter the Total from Line 8 in ↑<br>Item 64 |               |


# SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

| Description<br>(A)                          | Amount<br>(B) |
|---|---------------|
| 1. RENTAL                                   | 2135          |
| 2. SUPPLIES + PRINTING                      | 10150         |
| 3. POSTAGE                                  | 9550          |
| 4. TELEPHONE                                | 27093         |
| 5. UTILITIES                                | 4092          |
| 6. WATER                                    | 744           |
| 7. Total from additional pages (if any)     | 21693         |
| 8. Total of Lines 1 through 7               | 75457         |
| Enter the Total from Line 8 in ↑<br>Item 60 |               |

# **SCHEDULE 14 — OTHER RECEIPTS**

| Description<br>(A)  | Amount<br>(B) |
|---|---------------|
| 1. REIMBURSEMENTS + MISC.   | 4107          |
| 2. DIFFERENCE IN DUES FEES  | 60576         |
| 3. SERVICE FEES   | 14583         |
| 4. COLLECTION - RET CHECKS  | 998           |
| 5. OVERPAYMENT ON CHECK OFF   | 149           |
| 6.  |               |
| 7.  |               |
| 8.  |               |
| 9.  |               |
| 10.   |               |
| 11.   |               |
| 12.   |               |
| 13.   |               |
| 14.   |               |
| 15.   |               |
| 16. Total from additional pages (if any)  |               |
| 17. Total of Lines 1 through 16   | 80413         |
| Enter the Total from Line 17 in .....  Item 54 |               |

# **SCHEDULE 15 — OTHER DISBURSEMENTS**

| Description<br>(A)  | Amount<br>(B) |
|---|---------------|
| 1. LOST TIME WAGES  | 5108          |
| 2. STEWARDS REFUND DUES   | 26003         |
| 3. REFUNDS, DUES + INIT   | 2960          |
| 4. OUT OF TOWN TRAVEL   | 47069         |
| 5. CKS. RETURNED UNCOLLECTED  | 3127          |
| 6. BLDG. MAINTENANCE  | 3500          |
| 7. ASSESSMENTS  | 15148         |
| 8. INTEREST   | 11591         |
| 9. OVERPAYMENT CHECKOFF   | 149           |
| 10. MISC. EXPENSE   | 2572          |
| 11. MEETING + Comm.   | 13030         |
| 12.   |               |
| 13.   |               |
| 14.   |               |
| 15.   |               |
| 16. Total from additional pages (if any)  |               |
| 17. Total of Lines 1 through 16   | 130257        |
| Enter the Total from Line 17 in .....  Item 73 |               |

INT'L BRO OF TEAMSTERS AFL-CIO

FLOWERS, CARDS + BIBLES

2447

MACHINE MAINTENANCE

2786

FUEL

1674

INSURANCE

5087

SURETY BOND

2091

BANK CHARGES

415

UNION BUTTONS, DECALS ETC

5114

AWARD JACKETS + WATCHES

730

CARD MEMBER FEE CHARGES

1349

21693